

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Blue Ocean Care Home	CHAPTER 100.1
Address: 91-1030 Keoneae Place, Ewa Beach, Hawaii 96706	Inspection Date: March 23, 2018 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> HM #1 – No documented evidence of an initial tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The first TB test for [REDACTED] was on 10/2/2017. [REDACTED] had her second TB test on 3/24/2018. The Reading on 3/26/2018. It was negative (0 mm).</p>	<p>3/26/2018</p>

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Licensee's/Administrator's Signature: O. Kimoto

Print Name: Kimoto Sookyang

Date: 3/27/2018